Application or Docket Number HAN5-01

PATENT APPLICATION FEE DETERMINATION RECORD

DATEN	T APPLI	CATION	IFEE	1 - 4 9	വദ			1	211	.,,				7
PAILI		Fuecn	/e 000						ENTITY		O	THE	R THAN	.
		INS AS	FILE	D - PART	1		SM	ALL I	ENTITY	OF		MALI	LENTITY	
	CLA	(IM2 M2	(Colu	ımn 1)	(Column	2)			T FE		F	ATE	FEE	_
								PATE			100	SIC FE		0
OTAL CLAIMS			1%			NUMBER EXTRA		SIC F	EE 385	.00	R			-
			NUMBER FILED NUMBER EXTR				Va				R >	(\$18:	=	
OR ANAS			/ 3 minus 20= * Φ					X\$ 9=		$-\!$	-	<u> </u>		
OTAL CHARGEABLE CLAIMS			· 1			1	- 1	X43:	=	Jo	R	X86=		-
DEPENDENT CLAIMS			C minds 0 -				十				OR .	+290	=	- 1
MULTIPLE DEPENDENT CLAIM PRESE				Т			- 1	+145	=		L		_	
ULTIPLE	JET CITE				oter "O" in CC	lumn 2	_	TOT	AL		OR	TOTA		
u ma diffe	erence in c	olumn 1 is	s less th	an zero, e	nter "0" in co							OTH	IER THA	N N
II (I le Cilic	,, 0		ARFR	IDED - P	ART II			SMA	LL ENT	TITY (OR _	SMA	LL ENTI	
	CLA	IM2 A3	MINIE.			(Column 3)	4	_		DDI-				DI- NAL
2.8º	البط	Column 1)			HIGHEST NUMBER	PRESENT	11	RA	TE TI	JAMC		RAT		EE
A		REMAINING		l PI	REVIOUSLY	EXTRA	11			FEE	Ų.			
		AFTER MENDMEN			PAID FOR		7 1	X\$	9=		OR	X\$	18=	
¥		19	Minu	us **	<u> </u>	=	-1 1	-			100	X	36=	
Total Indep		1	Min		¹ 3	1=	4	X4	13=		OR	-		
Indep	endent *	(2)	A SI IL TI	PI E DEPEN	DENT CLAIM	1		Γ.,	45=		OR	+2	90=	
4 FIRS	RST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								TOTAL		1,_		TOTAL IT. FEE	
								ADD	T. FEE		٠,	ADD	11. FEC	
1						(Column	3)				-			ADDI-
		(Column	1)		(Column 2) HIGHEST		- 1		L	ADDI-		۱ ,		IONAL
 		CLAIMS	5 I	1	NUMBER	PRESEN	IT A	F	ATE	TIONA! FEE	-			FEE
œ	1	AFTER	1	1	PREVIOUSLY PAID FOR			-		1 66	٦.	$\sqrt{}$	(\$18=	
IIZ I		AMENDM	1		**	=		1 >	(\$ 9=		- 01	^ _		
AMENDMENT put put	al	*	M	linus		=			X43=		lo	R	X86=	
			N	Alnus	### C1.0		1	-			7		+290=	
	OF DESE	NTATION	OF MUL	TIPLE DEP	ENDENT CLA		-	1.	+145=		0	R		
I IFI	151 PREDE							L	TOTAL		$\neg c$)R A	TOTAL DDIT. FEE	
1								AI	DOIT. FEE					
1		•			(Column	2) (Colur	nn 3)					Г		ADDI
1		(Colur	nn 1)		HIGHEST		ENT	١ſ		ADD		1	RATE	TION
ITT		REMA	MS NING		NUMBER PREVIOUS		RA	11	RATE	FE	E	ı		FEE
12		ΔFI	ER		PAID FO	R		1 }		1		OR	X\$18=	1
		AMEN	MEN	Minus	##	=	<u>. </u>	1 1	X\$ 9=		_	Un		1
	Total	•		4	***	=		11	X43=			OR	X86=	1
AMENDMENT C	Independen	1 *		Minus		MIAIM		31		+			+290=	1
	Independent * FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=		• 1		OR	I	-	
<u> </u>							3.		TOT	AL .		OR	ADDIT. FE	EL
	seba antru iri. (column 1 is	ess than	the entry in C	olumn 2, write " THIS SPACE is THIS SPACE is	less than 20.	enter "?	20.	ADDIT. F	EE L	John by	ov in f		
	I the Highes	Number Pr	eviously l	Paid For IN	THIS SPACE IS THIS SPACE IS all or Independe	less than 3, 6	est nun	nber fo	ound in the	approp	nate b	JA 131 W		
***	If the "Highes The "Highest	Number Pro	viously F	Paid For (Tota	a or independe					eademails	Office.	Ų.S. D	EPARTMENT	OF COM
	THE LIBRER							P	atent end T	ISUCION	J	•		